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Medical Practice Question

EDITOR'S NOTE: From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.

Hospital Admission Following Rigid Esophagoscopy

QUESTIONS:

When should rigid esophagoscopy be used?

When is it medically necessary for patients who undergo rigid esophagoscopy to remain in hospital overnight?

If it is not necessary for all such patients to stay in hospital overnight, are there criteria that would identify patients who should receive this level of observation?

OPINION:

In the opinion of the Scientific Advisory Panel on Otolaryngology/Head and Neck Surgery, rigid esophagoscopy is considered established practice for the diagnosis of esophageal neoplasms, strictures and burns as well as inflammatory, metabolic, congenital, traumatic and neoplastic diseases. It is preferred by clinicians for the removal of foreign bodies, dilatation of esophageal strictures and retrieval of biopsy specimens from esophageal lesions. Rigid esophagoscopy is also standard practice for the evaluation of patients with cancer in the upper respiratory tract.

Hospital admission to observe a patient overnight following this procedure should be determined by the endoscopist based on the patient's physical condition and the likelihood of postoperative complications. Among the indications that support the medical necessity of hospital admission are the following: actual or suspected perforation of the esophagus, any unexplained tachycardia, fever, throat or chest pain, the presence of air in the soft tissues of the neck or mediastinum, evidence of general medical instability and when there is no responsible person to assist the patient should it be necessary to return to the hospital. Because the risk of perforating a patient's esophagus is high in first-time dilatation of strictures, after the removal of any foreign body and with any deep biopsy or manipulation of an esophageal tumor, it is established practice to admit these patients to hospital for 24 hours observation. For some patients who have had an uncomplicated diagnostic esophagoscopy that showed no lesions, caused no bleeding, collected no biopsy specimens or involved no other uses of the instrument, some physicians feel it is reasonable to discharge them the day of the procedure following several hours of observation.